

<i>SERFF Tracking Number:</i>	<i>UNGL-125713437</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Universal Guaranty Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39451</i>
<i>Company Tracking Number:</i>	<i>L040985A</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>L040985A Whole Life Policy</i>		
<i>Project Name/Number:</i>	<i>2001 Refile/Traditon</i>		

Filing at a Glance

Company: Universal Guaranty Life Insurance Company

Product Name: L040985A Whole Life Policy

SERFF Tr Num: UNGL-125713437 State: ArkansasLH

TOI: L071 Individual Life - Whole

SERFF Status: Closed

State Tr Num: 39451

Sub-TOI: L071.101 Fixed/Indeterminate

Co Tr Num: L040985A

State Status: Approved-Closed

Premium - Single Life

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Author: Elizabeth Schafer

Disposition Date: 07/08/2008

Date Submitted: 06/27/2008

Disposition Status: Approved

Implementation Date Requested: 01/01/2009

Implementation Date:

State Filing Description:

General Information

Project Name: 2001 Refile

Status of Filing in Domicile: Pending

Project Number: Traditon

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 07/08/2008

State Status Changed: 07/08/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

This whole life product is being refiled based on the 2001 CSO mortality table change. This product was previously approved by your state in late 1996. This form is substantially similar to L039685B and will replace same effective January 1, 2009

Company and Contact

SERFF Tracking Number: UNGL-125713437 State: Arkansas
Filing Company: Universal Guaranty Life Insurance Company State Tracking Number: 39451
Company Tracking Number: L040985A
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: L040985A Whole Life Policy
Project Name/Number: 2001 Refile/Traditon

Filing Contact Information

Elizabeth Schafer, Special Projects Coordinator elizabeth.schafer@utgins.com
5250 S Sixth St (800) 241-8841 [Phone]
Springfield, IL 62705-5147 (217) 241-6579[FAX]

Filing Company Information

Universal Guaranty Life Insurance Company CoCode: 70130 State of Domicile: Ohio
5250 S Sixth St Group Code: Company Type: Life & Annuity
PO Box 5147
Springfield, IL 62705-5147 Group Name: State ID Number:
(800) 248-8841 ext. 475[Phone] FEIN Number: 31-0727974

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

SERFF Tracking Number:	UNGL-125713437	State:	Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	07/08/2008	07/08/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Linda Bird	06/30/2008	06/30/2008			
Industry						
Response						

<i>SERFF Tracking Number:</i>	<i>UNGL-125713437</i>	<i>State:</i>	<i>Arkansas</i>
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Disposition

Disposition Date: 07/08/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>UNGL-125713437</i>	<i>State:</i>	<i>Arkansas</i>
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	cover letter		Yes
Form	Whole Life Policy		Yes

SERFF Tracking Number: *UNGL-125713437* *State:* *Arkansas*
Filing Company: *Universal Guaranty Life Insurance Company* *State Tracking Number:* *39451*
Company Tracking Number: *L040985A*
TOI: *L071 Individual Life - Whole* *Sub-TOI:* *L071.101 Fixed/Indeterminate Premium - Single Life*

Product Name: *L040985A Whole Life Policy*
Project Name/Number: *2001 Refile/Traditon*

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 06/30/2008
Submitted Date 06/30/2008
Respond By Date

Dear Elizabeth Schafer,

This will acknowledge receipt of the captioned filing.

Objection 1

- Certification/Notice (Supporting Document)
- Application (Supporting Document)
- Life & Annuity - Acturial Memo (Supporting Document)
- Whole Life Policy (Form)
- cover letter (Supporting Document)

Comment: The filing fee was included under EFT on this submission. Please advise if a check for the filing fee will follow by regular mail on this filing? We will hold your filing in a pending status until the fee is received.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

SERFF Tracking Number: UNGL-125713437 State: Arkansas
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Form Schedule

Lead Form Number: L040985A

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	L040985A	Policy/Cont Whole Life Policy ract/Fratern al Certificate	Initial		54	L040985A.pdf

UNIVERSAL GUARANTY LIFE INSURANCE COMPANY

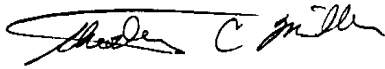
5250 South Sixth Street, P.O. Box 5147
Springfield, IL 62705-5147

A LEGAL RESERVE LIFE INSURANCE COMPANY

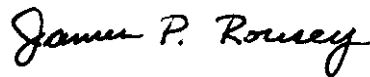
We will pay a Death Benefit to the Beneficiary upon our receipt of due proof that your death occurred while this policy was in force. Payment of the Death Benefit or the exercise of the policy rights and options shall be in accordance with the policy terms and provisions

This policy is a legal contract between its Owner and Universal Guaranty Life Insurance Company; the rights and obligations of each are set forth on the pages that follow. We have issued this policy in consideration of : (1) the Application; and (2) the payment of the first premium for this policy.

Signed for the Company at its Home Office



Secretary



President

Read your Policy Carefully. We have issued this policy in the belief that the information shown in the Application is correct and complete. Please review the included copy of the Application carefully and notify us if any of the information shown thereon is not correct or complete. A guide to the contents of this policy is included on page 2. To obtain information about coverage and to provide assistance in resolving complaints, call 1-800-323-0050.

Right to Examine Policy. The owner may return this policy for cancellation and a full refund of all amounts paid within a period of 20 days after the date of its receipt. The policy may be returned to us or to the agency or agent through whom it was purchased. Return and cancellation will void this policy as if it had never been issued.

WHOLE LIFE INSURANCE POLICY

Death Benefit in the Event of the Insured's Death While this Policy is in Force.
Schedule of Benefits and Premiums on Page 3.
No Dividends

INDEX

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A copy of the Application and any Rider, Amendment or Endorsement follow page 10

DEFINITIONS

Age. In this policy, Age means your age as of your last birthday on the Policy Date as shown on page 3. During a policy year, Age is your Age on the anniversary at the start of that year.

Anniversary. Each annual interval from the Policy Date.

Application. The forms and evidence of your insurability we received that resulted in the issue of this policy. A copy of the Application is included in and made a part of this policy.

Beneficiary. The person, persons or entity named as such in the Application to receive the Death Benefit. The Owner may change the Beneficiary as provided in this policy.

Debt, Loan. Any unpaid policy loan including loan interest.

In Writing, Written. A written form, acceptable to us, that is dated and signed by the Owner. All communications to us should include: (1) the name of the Insured; and (2) the policy number.

Owner. The person or entity named as such in the Application. The Owner may exercise the rights and options provided by this policy; unless such rights and options have been reserved by assignment or the designation of an irrevocable Beneficiary. You shall be the Owner if an Owner is not named in the Application. The Owner may be changed as provided in this policy.

Policy Date. The effective date for this policy. The Policy Date is shown on page 3. All policy years and anniversaries are measured from this date. All periods of insurance begin and end at 12:01 a.m., standard time, at the place where this policy was delivered.

Rider. A form, captioned as such, which: (1) may be included in this policy; and (2) provides additional insurance benefits.

Schedule. The schedule of benefits and premiums on page 3.

We, Us, Our. Universal Guaranty Life Insurance Company; the address of our Home Office is: Post Office Box 5147, Springfield, Illinois 62705. Telephone: (800) 323-0050.

You, Your. The person whose life is insured by this policy. The name of the Insured is shown in the schedule.

POLICY SCHEDULE

FORM NUMBER	BENEFIT	COVERAGE	ANNUAL PREMIUM	PERIOD PAYABLE
L040985A	WHOLE LIFE INSURANCE	\$35,000.00	\$467.60	LIFETIME OF INSURED
	TIB - ACCELERATED BENEFIT		\$0.00	
	TOTAL ANNUAL PREMIUM		\$467.60	
	ANNUAL POLICY FEE		\$30.00	
	TOTAL POLICY PREMIUM	ANNUAL \$497.60	SEMIANNUAL \$258.75	QUARTERLY \$129.38 MONTHLY \$44.78

PREMIUMS ARE PAYABLE FOR THE NUMBER OF YEARS INDICATED ABOVE OR UNTIL THE PRIOR DEATH OF THE INSURED. THE FIRST PREMIUM IS PAYABLE ON OR BEFORE DELIVERY OF THE POLICY. DUE DATES OF SUBSEQUENT PREMIUMS ARE AT THE INTERVALS MEASURED FROM THE POLICY DATE SHOWN BELOW

BENEFICIARY: AS SHOWN IN THE APPLICATION UNLESS CHANGED AS PROVIDED HEREIN.

FACE AMOUNT	\$35,000.00	POLICY NUMBER	TRADTEST
INSURED	JOHN Q TESTCASE	POLICY DATE	06/01/2008
AGE AND SEX	35 MALE	PREMIUM INTERVAL	ANNUAL
CLASS	NONSMOKER PREFERRED		

POLICY SCHEDULE (CONTINUED)
TABLE OF NON-FORFEITURE VALUES

THIS TABLE PRESUMES THAT THE INSURED PAYS THE FULL ANNUAL PREMIUM SHOWN ON THE PRECEDING PAGE EACH YEAR. THE FOLLOWING VALUES ARE THE GUARANTEED VALUES PROVIDED BY THIS POLICY.

END OF POLICY YEAR	CASH VALUE	PAID UP INSURANCE	EXTENDED YEARS	EXTENDED DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	210.00	1,085	2	87
4	525.00	2,625	5	72
5	875.00	4,200	7	311
6	1,260.00	5,810	10	71
7	1,645.00	7,280	11	360
8	2,030.00	8,645	13	113
9	2,450.00	10,045	14	166
10	2,870.00	11,305	15	112
11	3,290.00	12,460	15	336
12	3,745.00	13,615	16	163
13	4,235.00	14,840	16	326
14	4,725.00	15,925	17	62
15	5,215.00	16,905	17	114
16	5,740.00	17,920	17	157
17	6,265.00	18,830	17	164
18	6,790.00	19,670	17	139
19	7,350.00	20,510	17	114
20	7,910.00	21,315	17	62
AGE 60	10,955.00	24,780	16	1
AGE 65	14,245.00	27,510	14	121
AGE 70	17,605.00	29,540	12	166

NONFORFEITURE
(PER 1,000 OF INSURANCE)
YEARS FACTOR
1 - 65 11.01923

NON FORFEITURE INTEREST RATE: 4.00%

VALUES FOR YEARS NOT SHOWN WILL BE FURNISHED UPON REQUEST.

NO ADJUSTMENT IS MADE FOR INDEBTEDNESS SECURED BY THIS POLICY.

BENEFITS

Death Benefit

Payment. We will pay the Death Benefit to the Beneficiary in not more than 30 days after the date we receive due proof of your death. A statement of claim from the Beneficiary will be required; return of this policy may be required. Payment will be in equal shares when the designation of Beneficiary does not state the share of each of two or more Beneficiaries. To the extent permitted by law, payment will not be subject to the claims of creditors. Payment will be in one sum unless, prior to your death, the Owner directs Settlement Option payment; the Beneficiary may not change or modify such Settlement Option payment unless authorized to do so in the Owner's directions for payment. When payment is to be in one sum the Beneficiary may elect Settlement Option payment: (1) prior to payment in one sum; and (2) within one year after the date of your death.

Interest. We will pay interest on the Death Benefit, at the rate we then pay, from the date of your death to: (1) the date of payment in one sum; or (2) the effective date of any Settlement Option. The rate will not be less than the greater of: (1) 4.5% per year; or (2) the rate that may be required by law in the State where this policy was delivered.

Suicide. The Death Benefit will be the sum of the premiums paid for this policy, less any debt, in the event of your death by suicide within a period of two years, one year when this policy is delivered in Colorado or North Dakota, from the Policy Date.

Unearned Premiums. The Death Benefit shall include premiums paid for any period beyond the end of the policy month in which death occurred.

Missouri Residents Only. Suicide is no defense to payment of life insurance benefits nor is suicide while insane a defense to payment of accidental death benefits, if any, under this policy where the insured is a Missouri citizen, unless the insurer can show that the insured intended suicide when he applied for the policy, regardless of any language to the contrary in the policy.

SETTLEMENT OPTIONS

General Provisions. A settlement option shall be available only if the proceeds to be applied are at least \$2,500. The payment amount must not be less than \$50 under such option. During the lifetime of the Insured, the Owner may

General Provisions (continued)

elect to have the proceeds on the death of the Insured payable under the settlement option for the benefit of the beneficiary. The Owner may change or revoke a previous election. If no election is effective at the death of the Insured, the beneficiary may then elect a settlement option. Upon surrender of this policy for its cash value the Owner may elect to have the proceeds payable under a settlement option for the benefit of the Owner or the Insured. The payee must be acceptable to us when other than a natural person.

Any election, revocation, or change of a settlement option must be in writing. A form satisfactory to the Company must be filed at the Home Office of the Company. An election shall be revoked automatically by a subsequent change of beneficiary or assignment of the policy. An election in effect at the death of the Insured may not thereafter be changed or revoked unless otherwise provided in such election.

More Favorable Payment Amounts. We will, automatically, substitute for the benefits provided by the options in this policy any more favorable benefits we then provide by: (1) Settlement Option; or (2) single premium immediate annuity policy.

Withdrawal. If it is specifically provided in the election, the payee may at any time withdraw any unpaid sum left with the Company under Options 3 or 4, together with any unpaid interest thereon, the commuted value of any remaining unpaid installments under Option 1 or of any remaining unpaid installments certain under Option 2. Such commuted values will be computed on the basis of the interest rate specified on page 6.

Death of Payee. At the death of the last payee, unless otherwise provided in the election, the Company will pay in one sum to such payee's executors or administrators any unpaid sum left with the Company under Options 3 or 4, together with any unpaid interest thereon, the commuted value of any remaining unpaid installments under Option 1 or of any remaining unpaid installments certain upon Option 2. Such commuted values will be computed on the basis of the interest rate specified on page 6.

Assignment. To the extent permitted by law, amounts payable under an Option may not be assigned, attached or otherwise encumbered when: (1) payment under the Option was directed by the Owner prior to your death; and (2) the payee is other than the owner.

First Installment. The first installment under Options 1, 2 and 4 is payable on the effective date of the option.

Interest. The interest rate for all options is 2 3/4% compounded annually. Excess interest may be allowed as declared by and at the sole discretion of the Company.

Option 1 - Fixed Period. The proceeds may be paid in equal installments the amount of each installment shall be determined in accordance with the Option 1 Table. The fixed period may not exceed 30 years.

Option 2 - Life Income with Installments Certain. The proceeds may be paid in equal installments for a period of 60, 120, 180, or 240 months certain and as long thereafter as the payee shall survive. The amount of each installment shall be determined in accordance with the Option 2 Table.

Satisfactory proof of the age of the payee is required. Values in Option 2 Tables are calculated based on 1937 Standard Annuity Mortality set back two years for males, seven years for females.

Option 3 - Interest Income. The proceeds may be left on deposit with the Company. Interest will be payable thereon at such times and for such period of years as agreed upon at the time the option is requested.

Option 4 - Fixed Installment. The proceeds may be left on deposit with the Company at interest. Installments of a specific amount may be paid each month or other specified interval until the proceeds together with interest have been exhausted. The amount of the specified installment shall not be less than \$60 a year for each \$1,000 of proceeds left under this option.

OPTION 1 TABLE—FIXED PERIOD INSTALLMENTS

Installments for a fixed number of years for each \$1,000 of proceeds.

Years Installments Payable	Annual	Semi- Annual	Quarterly	Monthly	Years Installments Payable	Annual	Semi- Annual	Quarterly	Monthly
5	211.00	106.21	53.29	17.80	10	112.64	56.70	28.45	9.50
6	178.17	89.69	45.00	15.03	15	80.06	40.30	20.22	6.75
7	154.74	77.90	39.06	13.06	20	63.91	32.17	16.14	5.39
8	137.19	69.06	34.65	11.57	25	54.32	27.36	13.72	4.59
9	123.54	62.19	31.20	10.42	30	48.06	24.19	12.14	4.06

OPTION 2 TABLE—LIFE INCOME WITH INSTALLMENTS CERTAIN

Monthly installments for each \$1,000 of proceeds according to sex of the payee, the payee's age when the first installment is payable, and the number of months for which installments are guaranteed.

Age		No. of Months Certain				Age		No. of Months Certain			
Male	Female	60	120	180	240	Male	Female	60	120	180	240
	12*	\$2.80	\$2.80	\$2.79	\$2.79	46	51	\$4.28	\$4.24	\$4.16	\$4.03
	13	2.82	2.81	2.81	2.81	47	52	4.37	4.31	4.23	4.09
	14	2.83	2.83	2.82	2.82	48	53	4.45	4.39	4.29	4.14
10*	15	2.85	2.85	2.84	2.83	49	54	4.54	4.47	4.36	4.20
						50	55	4.63	4.56	4.43	4.26
11	16	2.87	2.86	2.85	2.85						
12	17	2.89	2.88	2.87	2.87	51	56	4.73	4.64	4.50	4.31
13	18	2.90	2.90	2.89	2.89	52	57	4.83	4.74	4.58	4.37
14	19	2.92	2.92	2.91	2.91	53	58	4.94	4.83	4.66	4.43
15	20	2.94	2.94	2.93	2.93	54	59	5.05	4.93	4.74	4.49
						55	60	5.17	5.04	4.82	4.54
16	21	2.96	2.96	2.95	2.95						
17	22	2.99	2.98	2.97	2.97	56	61	5.30	5.14	4.90	4.60
18	23	3.01	3.00	2.99	2.99	57	62	5.43	5.25	4.99	4.66
19	24	3.03	3.03	3.02	3.01	58	63	5.56	5.37	5.07	4.71
20	25	3.06	3.05	3.04	3.03	59	64	5.71	5.49	5.16	4.77
						60	65	5.86	5.61	5.25	4.82
21	26	3.08	3.08	3.07	3.06						
22	27	3.11	3.10	3.09	3.08	61	66	6.02	5.74	5.33	4.87
23	28	3.14	3.13	3.12	3.11	62	67	6.18	5.87	5.42	4.92
24	29	3.17	3.16	3.15	3.14	63	68	6.36	6.01	5.51	4.97
25	30	3.20	3.19	3.18	3.17	64	69	6.54	6.15	5.60	5.02
						65	70	6.73	6.29	5.69	5.06
26	31	3.23	3.22	3.21	3.20						
27	32	3.27	3.26	3.21	3.23	66	71	6.94	6.43	5.76	5.10
28	33	3.30	3.29	3.27	3.26	67	72	7.15	6.58	5.84	5.14
29	34	3.34	3.33	3.31	3.29	68	73	7.37	6.73	5.93	5.18
30	35	3.38	3.37	3.35	3.33	69	74	7.60	6.89	6.01	5.21
						70	75	7.84	7.04	6.09	5.24
31	36	3.42	3.40	3.38	3.36						
32	37	3.46	3.44	3.42	3.40	71	76	8.10	7.20	6.15	5.26
33	38	3.50	3.48	3.45	3.43	72	77	8.36	7.35	6.22	5.28
34	39	3.55	3.53	3.50	3.47	73	78	8.64	7.51	6.28	5.30
35	40	3.60	3.58	3.55	3.51	74	79	8.92	7.66	6.35	5.32
						75	80	9.22	7.81	6.42	5.34
36	41	3.65	3.63	3.60	3.55						
37	42	3.70	3.68	3.65	3.60	76	81	9.53	7.96	6.47	5.35
38	43	3.75	3.73	3.70	3.64	77	82	9.85	8.10	6.51	5.36
39	44	3.81	3.79	3.75	3.69	78	83	10.19	8.24	6.55	5.37
40	45	3.87	3.84	3.80	3.73	79	84	10.53	8.38	6.59	5.37
						80	85	10.88	8.51	6.62	5.38
41	46	3.93	3.90	3.85	3.78						
42	47	3.99	3.96	3.91	3.83						
43	48	4.06	4.03	3.97	3.88						
44	49	4.13	4.09	4.03	3.93	and	and				
45	50	4.21	4.16	4.09	3.98	over	over				

*Also applies to younger ages.

PREMIUM

Payment. The first premium is due on the Policy Date; it may be paid with the Application or on the Owner's receipt of this policy. Each premium after the first is due at the end of the period for which the preceding premium was paid; the premium due date shall be the first day of the new premium period. Premiums may be paid: (1) at our Home Office; or (2) to our authorized agent in exchange for a receipt. On request, we will provide a receipt for any premium payment. A receipt must be signed by an executive officer and the person receiving the payment.

Grace Period. A grace period of 31 days will be allowed for the payment, without interest, of each due premium after the first. The policy and any included Rider will continue in force during the Grace Period. If the Insured dies during such period, the unpaid premium will be deducted as a part of the determination of the Death Benefit. The amount deducted will include premium for: (1) this policy; and (2) any included Rider that provides a life insurance benefit on your life. This policy will lapse, as of the premium due date, at the end of a Grace Period; except, as may be provided in its Nonforfeiture provisions.

Mode Change. The Owner may change the mode for premium payment to any frequency available at the time of request. The amount for a new mode premium may not be less than \$25.

Reinstatement. In the event of the lapse of this policy or its continuation under a Nonforfeiture Option, we will reinstate this policy: (1) during a period of five years from the date of the first past due premium; (2) during your lifetime; (3) upon receipt of evidence of your insurability satisfactory to us; (4) upon payment of all past due premiums with compound interest on each at a rate of 6.0% per year; and (5) upon payment or reinstatement of any Debt with compound interest at a rate of 6.0% per year from the date of the first past due premium to the date of reinstatement. We will not reinstate this policy when it has been surrendered for its Cash Value.

THE POLICY

Entire Contract. The entire contract, between the Owner and us, shall consist of: (1) this policy; and (2) the copy of the Application and any Rider, Amendment or Endorsement that we included in this policy on its Policy Date.

Representations. We deem all statements in the Application to be representations and not warranties. During the contestable period no statement, other than those in a written Application that is endorsed upon or attached to the policy when issued or delivered, will be used: (1) to contest this policy; or (2) to defend against a claim.

Incontestable. This policy shall not be contestable after it has been in force for a period of two years from the earlier of the policy date or the issue date, during your lifetime; except, for nonpayment of premium. If this policy has been reinstated, the incontestability period shall be measured from the reinstatement date. This provision will not apply to any included Rider that contains its own incontestable provision.

Modification or Change. This policy may be modified or changed only with our written approval; such approval must be endorsed on or attached to this policy. No agent or person other than our executive officers has authority to: (1) modify or change this policy; or (2) waive any of the policy terms or provisions.

Incorrect Sex or Age. Any amount to be paid on this policy may be adjusted if your sex or date of birth is not correctly stated in the Application. The amount paid will be that which the premiums paid will provide, at your correct sex or date of birth, according to the table of rates in use for this policy on its Policy Date.

Governing Laws. This policy is subject to the laws of the State in which it was delivered. If part of it does not follow those laws, it will be treated as if it did. Such laws shall, at all times, govern our and the Owner's rights and obligations and those of all others who may make a claim against this policy.

CONTROL OF THE POLICY

Change of Beneficiary. The Owner may change the Beneficiary; any change must: (1) be made during your lifetime; (2) be In Writing; and (3) include the consent of any irrevocable Beneficiary. A change will not be effective until we receive it. Upon receipt, a change will be effective as of the date signed by the Owner and any irrevocable Beneficiary even though you may not be living on the date of our receipt. Any benefit paid or action taken prior to our receipt of the change will not be affected.

Death of Beneficiary. Unless the Owner provides otherwise, the interest of a Beneficiary in this policy ends at death when death occurs: (1) prior to your death; or (2) within 15 days after the date of your death and prior to payment of the Death Benefit. If there is no surviving Beneficiary, the Death Benefit will be paid to: (1) the Owner if then living; or (2) the estate of the Owner when the Owner is not then living.

Change of Owner. While this policy is in force, the Owner may: (1) designate a new Owner; or (2) when the Owner is other than you, designate a designee to become Owner in the event of the Owner's death. The designation must: (1) be In Writing; and (2) be made during your lifetime. The designation will not be effective until we receive it. Upon receipt, the designation will be effective on the later of: (1) the date signed; or (2) the date requested by the Owner, not to exceed 90 days following our receipt of your request. Any benefit paid or action taken prior to our receipt of the designation will not be affected. In the event of the death of an Owner other than you without a designee, you shall be the Owner.

Assignment. The Owner may assign all or specific policy rights or benefits. No assignment will be binding on us unless it is in writing and received by us at our Home Office. Any benefit paid or action taken prior to our receipt will not be affected. We can assume no responsibility for the validity or effect of any assignment. Any Debt will take precedence over an assignment. The right of an irrevocable beneficiary designated prior to assignment is not subject to that of an assignee.

LOANS

Policy Loan. The Owner may make a Loan, by assignment of this policy to us, at any time: (1) after this policy first has a Loan Value; and (2) while this policy is in force. This policy will be the sole security for the Loan. The amount of the

Loan may not exceed the Loan Value; any prior Debt will be included in and made a part of a new Loan.

Automatic Premium Loan. If this provision may be requested at the time of application or by written request while no Premium is in default beyond the Grace Period. If this provision is in effect and you fail to pay a Premium by the end of the Grace Period, we will grant you an Automatic Premium Loan to pay the Premium. Each Automatic Premium Loan shall be subject to all other LOANS provisions. If the Loan Value is not enough to pay the entire Premium due, we will change your payment mode to the least frequent mode with a Premium less than the Loan Value. If the Loan Value is not enough to pay a monthly premium, we will apply the remaining Loan Value to continue the Policy in force under Nonforfeiture Option C, Extended Term Insurance (see page 10).

Loan Value. The Loan Value of this policy will be: (1) the Cash Value, determined from the Table of Nonforfeiture Values, as of the date to which premiums are paid but not beyond the next anniversary; less (2) an amount equal to the Loan Interest that will be due on the anniversary that follows the date of the Loan.

Loan Interest. Interest at the rate of 7.4% is payable in advance on each policy anniversary. Interest is payable from the date of the loan. Interest not paid when due is added to the loan and bears interest at the same rate.

Deferral. Unless the Loan is being made in order to pay premiums on a policy with us, we may defer the Loan for a period of the lesser of: (1) six months; or (2) the period that may be provided by law in the State where this policy was delivered. The period will start on the day we receive the Loan request. Loan Interest will not be charged during a deferral period.

Repayment. Unless the loan has been repaid under a nonforfeiture option, any part of the loan may be repaid at any time during your lifetime. Payment may be in whole or in part. If in part, the payment may not be less than \$25. Debt will be repaid, automatically, by deduction from: (1) the Death Benefit; or (2) the Cash Value as a part of any settlement under this policy.

Termination. Debt may not exceed the Loan Value. In such event, we may terminate this policy. We will send notice of any such termination, to the Owner and to any assignee of record, not less than 31 days in advance of the termination date; the notice will be sent to the then address of record. The notice will include the minimum payment amount required to continue the policy in force.

NONFORFEITURE

Options - Any premium not paid before the end of the Grace Period will result in the premium being in default as of the due date. Except for the options below, default will result in the termination of this policy. If the policy has a net cash value, any one of the following nonforfeiture options may be elected by written request. Such requests must be received by the Company at its Home Office not later than 60 days after the due date of any premium in default and prior to the death of the Insured.

Option A - Cash Value. The policy may be surrendered for its net cash value. The net cash value is the cash value at the date of default less any outstanding loans. We may defer payment of any net cash value for a period of the lesser of (1) six months; or (2) the period that may be required by law in the state where this policy is delivered. The period will start on the day we receive the surrender request.

Option B - Paid-Up Insurance. To continue this policy from the due date of the premium in default for a reduced amount of level paid-up nonparticipating life insurance. The reduced amount shall be equal to that which the net cash value will purchase when applied as a net single premium on the due date of the unpaid premium. If the net cash value is more than enough to provide level paid-up insurance equal to the amount of the death benefit less outstanding loans at the time of default, the excess cash value will be paid in cash.

Option C - Extended Term Insurance. The amount of insurance continued in force will be the Death Benefit in the policy year of the last premium paid, less any indebtedness. The period of Extended Term Insurance will begin on the due date of the premium first in default and will be calculated using the net cash value less any indebtedness as a net single premium based on the attained age of the Insured.

Option C is only available on policies issued in the Preferred underwriting class.

Surrender of Paid-Up Insurance or Extended Term Insurance. You may surrender Paid-Up Insurance or Extended Term Insurance at any time for the net cash value as of the surrender date. If the Paid-Up Insurance or Extended Term Insurance is surrendered within 31 days after a policy anniversary, the value used in determining the net cash value will not be less than the net cash value on that anniversary.

Automatic Option. At the expiration of the grace period for the payment of any premium in default, if no nonforfeiture option has been elected, we will grant you an Automatic Premium Loan to pay the Premium. See Automatic Premium Loan, page 9.

Actuarial Basis. The cash values shown in the Policy Schedule are computed using the Standard Nonforfeiture Value Method. Nonforfeiture values are based on: (1) the 2001 CSO Male Nonsmoker or Male Smoker or Female Nonsmoker or Female Smoker Tables of Mortality, (2) the nonforfeiture interest rate shown in the Policy Schedule, and (3) age last birthday basis, except that Extended Term Insurance values are based on 2001 CET Mortality. A statement including the basis for calculations has been filed with the insurance regulatory authority in the state in which this policy was delivered. The nonforfeiture values and the other benefits and values provided by this policy are not less than as may be required by law in the state where this policy was delivered.

UNIVERSAL GUARANTY LIFE INSURANCE COMPANY

5250 South Sixth Street, P.O. Box 5147
Springfield, IL 62705-5147

A LEGAL RESERVE LIFE INSURANCE COMPANY

WHOLE LIFE INSURANCE POLICY

Death Benefit in the Event of the Insured's Death While this Policy is in Force.

Schedule of Benefits and Premiums on Page 3

No Dividends

STATEMENT OF POLICY COST AND BENEFIT INFORMATION
(POLICY SUMMARY)

PREPARED FOR
JOHN Q TESTCASE

POLICY NUMBER
TRADTEST

ISSUED BY
UNIVERSAL GUARANTY LIFE INSURANCE CO
5250 SOUTH SIXTH STREET
P.O. BOX 5147
SPRINGFIELD, ILLINOIS 62703

POLICY DATE

JUNE 1, 2008

PRINTED ON

JUNE 6, 2008

AGENT

MICHAEL K BORDEN
5250 S SIXTH ST
PO BOX 5147
SPRINGFIELD, IL 62705

UNIVERSAL GUARANTY LIFE INSURANCE COMPANY

FOR: JOHN Q TESTCASE

AGE: 35 MALE

NONSMOKER PREFERRED

PLAN OF INSURANCE	INITIAL AMOUNTS	ANNUAL	PREMIUMS		PAC
			SEMIANNUAL	QUARTERLY	
WHOLE LIFE - TRADTEST	35,000	467.60			
POLICY FEE:		30.00			
TOTAL ANNUAL PREMIUM		497.60	258.75	129.38	44.78

END OF YEAR	ANN PREM PAID	DEATH BENEFIT	CASH VALUE
1	497.60	35,000	0
2	497.60	35,000	0
3	497.60	35,000	210
4	497.60	35,000	525
5	497.60	35,000	875
6	497.60	35,000	1,260
7	497.60	35,000	1,645
8	497.60	35,000	2,030
9	497.60	35,000	2,450
10	497.60	35,000	2,870
11	497.60	35,000	3,290
12	497.60	35,000	3,745
13	497.60	35,000	4,235
14	497.60	35,000	4,725
15	497.60	35,000	5,215
16	497.60	35,000	5,740
17	497.60	35,000	6,265
18	497.60	35,000	6,790
19	497.60	35,000	7,350
20	497.60	35,000	7,910
AGE 60	497.60	35,000	10,955
AGE 65	497.60	35,000	14,245
AGE 70	497.60	35,000	17,605

* SURRENDER FOR CASH MAY RESULT IN FEDERAL AND STATE TAXES IF THE VALUE RECEIVED EXCEEDS THE CUMULATIVE PREMIUMS PAID.

THIS IS AN ILLUSTRATION, CONTRACT PROVISIONS ARE CONTAINED IN THE POLICY.

THE LOAN INTEREST SHALL BE 7.4% IN ADVANCE.

GUARANTEED VALUES		
5% ADJUSTED INDEX		
PER \$1000		
POLICY YEAR	SURRENDER	PAYMENT
10	8.01	14.22
20	7.71	14.22

A FURTHER EXPLANATION OF THE INTENDED USE OF THESE INDEXES IS PROVIDED IN THE BUYER'S GUIDE TO LIFE INSURANCE.

<i>SERFF Tracking Number:</i>	<i>UNGL-125713437</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Universal Guaranty Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39451</i>
<i>Company Tracking Number:</i>	<i>L040985A</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>L040985A Whole Life Policy</i>		
<i>Project Name/Number:</i>	<i>2001 Refile/Traditon</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: UNGL-125713437 State: Arkansas
Filing Company: Universal Guaranty Life Insurance Company State Tracking Number: 39451
Company Tracking Number: L040985A
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: L040985A Whole Life Policy
Project Name/Number: 2001 Refile/Traditon

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice 06/26/2008

Comments:

Attachments:

arkansas reg 19 cert.pdf
AR Flesch Cert.pdf
arkansas important info.doc
Arkansas Guaranty Fund Disclosure.pdf

Review Status:

Satisfied -Name: Application 06/26/2008

Comments:

Two applications can be used to apply for this policy. A239585 was approved in Arkansas June 30, 1995 and A020485 was approved October 19, 2004.

Review Status:

Satisfied -Name: cover letter 06/27/2008

Comments:

Attachment:

L040985A cover ltr.pdf



Universal Guaranty Life Insurance Company
5250 South 6th Street Road
Springfield, IL 62703-5128
217-241-6400
www.utgins.com

Certification of Compliance

Form L040985A

This is to certify that form L040985A meets the provisions of Rule and Regulation 19, Unfair Sex Discrimination in the Sale of Insurance, as well as all applicable requirements of the Arkansas Insurance Department.

Further, it is hereby certified that our company is in compliance with Rule and Regulation 49, Life and Health Insurance Guaranty Association Notices, and Arkansas Act 197 of 1987 regarding Important Contact Information for Arkansas Residents.

This is to certify that to the best of my knowledge and belief, the above statements are true and correct.

Michael K Borden, FLMI/M, Vice President

June 27, 2008
Date



Universal Guaranty Life Insurance Company
5250 South 6th Street Road
Springfield, IL 62703-5128
217-241-6400
www.utgins.com

Certification of Compliance

Form L040985A

This is to certify that form L040985A has achieved a Flesch Reading Ease score of 53.8.

The print is not less than 10-point type, 1-point leaded.

The enclosed form filing complies with the laws and regulations of the Insurance Division of the state of Arkansas.

This is to certify that to the best of my knowledge and belief, the above statements are true and correct.

Michael K Borden, FLMI/M, Vice President

June 27, 2008
Date

<i>SERFF Tracking Number:</i>	<i>UNGL-125713437</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Universal Guaranty Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39451</i>
<i>Company Tracking Number:</i>	<i>L040985A</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>L040985A Whole Life Policy</i>		
<i>Project Name/Number:</i>	<i>2001 Refile/Traditon</i>		

Attachment "arkansas important info.doc" is not a PDF document and cannot be reproduced here.

**LIMITATIONS AND EXCLUSIONS UNDER THE
ARKANSAS LIFE AND HEALTH INSURANCE
GUARANTY ASSOCIATION ACT**

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting insurance companies that are well managed and financially stable.

DISCLAIMER

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

The Arkansas Life and Health Insurance Guaranty Association
c/o The Liquidation Division
1023 West Capitol
Little Rock, Arkansas 72201

Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

The state law that provides for this safety-net is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons owning such policies are NOT protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);

- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contractholders, not individuals);
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC")(whether the FPBC is yet liable or not);
- Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees).

LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.



Universal Guaranty Life Insurance Company
5250 South 6th Street Road
Springfield, IL 62703-5128
217-241-6400
www.utgins.com

June 26, 2008

Department of Insurance
Life Policy Form Filings

RE: UNIVERSAL GUARANTY LIFE INSURANCE COMPANY
NAIC 70130 FEIN 31-0727974
FORM L040985A – Whole Life Policy

This form is submitted for your review and approval, prior to our use in your state. Form L040985A is a whole life insurance policy.

This policy is intended to replace Form L039685A, which was approved in your state in late 1996 or early 1997. The purpose of this filing is to update the policy based on the 2001 CSO Mortality tables. This change can be found in the Actuarial Basis paragraph of this policy.

No part of this filing contains any unusual or possibly controversial items from normal company or industrial standards. This form also has no nonguaranteed values and therefore, will not be an illustrated product. This form will be used for all new issues starting on January 1, 2009.

If you have any questions or should require any additional information, please feel free to contact me at (800) 248-8841, extension 350; or you may reach me via electronic mail at Elizabeth.Schafer@utgins.com.

Respectfully submitted,

Elizabeth Schafer, ACS, AIRC, FLMI
Special Projects Coordinator

Enclosures